HILLVIEW HEALTH CARE CENTER

3501 PARK LANE DRIVE

LA CROSSE	54601	Phone: (608) 789-480	00	Ownership:	County
Operated from	1/1 To 12/31	. Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conj	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/02):	199	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/02):	217	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	./02:	180	Average Daily Census:	188

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No	 Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	41.7
Supp. Home Care-Personal Care	No	•		1		1 1 10010	42.8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	7.8	More Than 4 Years	15.6
Day Services	No	Mental Illness (Org./Psy)	44.4	65 - 74	13.3		
Respite Care	No	Mental Illness (Other)	5.0	75 - 84	35.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.7	* * * * * * * * * * * * * * * * * * *	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	7.2	Full-Time Equivale	nt
Congregate Meals	Yes	Cancer	0.6			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	4.4		100.0	(12/31/02)	
Other Meals	Yes	Cardiovascular	10.0	65 & Over	92.2		
Transportation	No	Cerebrovascular	7.2			RNs	19.2
Referral Service	No	Diabetes	3.3	Sex	%	LPNs	2.4
Other Services	No	Respiratory	1.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	21.7	Male	32.2	Aides, & Orderlies	47.3
Mentally Ill	No			Female	67.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare			edicaid			Other		:	Private Pay			Family Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	4	28.6	248	 5	5.8	130	1	100.0	141	3	5.2	168	4	20.0	130	1	100.0	360	18	10.0
Skilled Care	10	71.4	292	74	86.0	111	0	0.0	0	51	87.9	146	16	80.0	111	0	0.0	0	151	83.9
Intermediate				7	8.1	91	0	0.0	0	4	6.9	130	0	0.0	0	0	0.0	0	11	6.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		86	100.0		1	100.0		58	100.0		20	100.0		1	100.0		180	100.0

HILLVIEW HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	/31/02
Deaths During Reporting Period				Total			
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	6.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.4	Bathing	5.0		56.1	38.9	180
Other Nursing Homes	4.8	Dressing	10.6		51.1	38.3	180
Acute Care Hospitals	80.7	Transferring	21.7		45.0	33.3	180
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.3		47.2	34.4	180
Rehabilitation Hospitals	0.0	Eating	62.2		13.9	23.9	180
Other Locations	3.3	* * * * * * * * * * * * * * * * * * *	******	*****	*****	*******	*****
Total Number of Admissions	270	Continence		용	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	8.9	Receiving	Respiratory Care	10.0
Private Home/No Home Health	25.0	Occ/Freq. Incontinent	t of Bladder	52.2	Receiving	Tracheostomy Care	0.6
Private Home/With Home Health	21.4	Occ/Freq. Incontinent	t of Bowel	30.6	Receiving	Suctioning	0.0
Other Nursing Homes	1.1				Receiving	Ostomy Care	3.3
Acute Care Hospitals	10.1	Mobility			Receiving	Tube Feeding	2.8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	1.1	Receiving	Mechanically Altered Diet	s 29.4
Rehabilitation Hospitals	0.0						
Other Locations	3.6	Skin Care			Other Reside	nt Characteristics	
Deaths	38.8	With Pressure Sores		2.8	Have Advan	ce Directives	85.6
Total Number of Discharges		With Rashes		8.3	Medications		
(Including Deaths)	276				Receiving	Psychoactive Drugs	71.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This		ership: ernment		Size: 00+	_	ensure: lled	Al	
	Facility	Facility Peer G		Peer	Group	Peer	Group	oup Facil	
	००	90	Ratio	olo	Ratio	앙	Ratio	ଚ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.2	83.8	1.03	81.7	1.06	85.3	1.01	85.1	1.01
Current Residents from In-County	83.9	84.4	0.99	81.4	1.03	81.5	1.03	76.6	1.09
Admissions from In-County, Still Residing	23.3	35.0	0.67	22.1	1.06	20.4	1.14	20.3	1.15
Admissions/Average Daily Census	143.6	74.2	1.93	97.4	1.47	146.1	0.98	133.4	1.08
Discharges/Average Daily Census	146.8	75.8	1.94	105.8	1.39	147.5	1.00	135.3	1.09
Discharges To Private Residence/Average Daily Census	68.1	24.2	2.81	41.5	1.64	63.3	1.08	56.6	1.20
Residents Receiving Skilled Care	93.9	86.6	1.08	88.0	1.07	92.4	1.02	86.3	1.09
Residents Aged 65 and Older	92.2	83.9	1.10	86.1	1.07	92.0	1.00	87.7	1.05
Title 19 (Medicaid) Funded Residents	47.8	76.6	0.62	72.7	0.66	63.6	0.75	67.5	0.71
Private Pay Funded Residents	32.2	17.1	1.89	16.9	1.91	24.0	1.34	21.0	1.53
Developmentally Disabled Residents	1.1	3.2	0.35	2.5	0.45	1.2	0.94	7.1	0.16
Mentally Ill Residents	49.4	56.1	0.88	39.4	1.26	36.2	1.37	33.3	1.48
General Medical Service Residents	21.7	14.6	1.49	26.5	0.82	22.5	0.96	20.5	1.06
Impaired ADL (Mean)	55.3	49.6	1.11	52.3	1.06	49.3	1.12	49.3	1.12
Psychological Problems	71.7	61.4	1.17	59.5	1.20	54.7	1.31	54.0	1.33
Nursing Care Required (Mean)	7.2	6.4	1.12	7.0	1.02	6.7	1.06	7.2	0.99